FORM NLRB-501 (3-21)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE			
Case		Date Filed	
	18-CA-325361	September 07, 2023	

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring. 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT				
a. Name of Employer	STERMONING FANGE IS BROOSTI	b. Tel. No.		
Yona Solutions and/or North Star, LLC d/b/a Robbinsdale	(b) (6), (b) (7)(C)			
		c. Cell No.		
		f. Fax. No.		
		-		
d. Address (Street, city, state, and ZIP code) 3130 Grimes Avenue North	e. Employer Representative	g. e-mail		
3130 Offines Avenue North	(b) (6), (b) (7)(C)	9.5		
	(b) (6), (b) (7)(C)	(^{(b),(b),(b)} (@yonasolutions.com		
MN Robbinsdale 55422		h. Number of workers employed		
		8		
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service			
Healthcare Facilities	Healthcare			
The above-named employer has engaged in and is engaged	ging in unfair labor practices within the meaning of section	8(a), subsections (1) and		
(list subsections) 5	of the National Labor F	Relations Act, and these unfair labor		
practices are practices affecting commerce within the me	aning of the Act, or these unfair labor practices are practi	ces affecting commerce within the		
meaning of the Act and the Postal Reorganization Act.				
2. Basis of the Charge (set forth a clear and concise state	ement of the facts constituting the alleged unfair labor pra	ctices)		
See additional page				
l coo additional page				
3 Full name of party filing charge (if labor organization of	rive full name, including local name and number)			
3. Full name of party filing charge (if labor organization, g William Nadal	ive failmante, including local hame and hamber)			
SEIU Healthcare Minnesota & Iowa 4a. Address (Street and number, city, state, and ZIP code		4b. Tel. No.		
44. Addiess (Street and Hamber, Gry, State, and Zir Code	5)	(651) 294-8100		
		4c. Cell No.		
345 Randolph Ave. Suite 100	(612) 749-2503			
MN Saint Paul 55102	4d. Fax No.			
		(651) 294-8200		
		4e. e-mail		
		William.Nadal@seiuhcmnia.org		
5. Full name of national or international labor organization	n of which it is an affiliate arconstituent unit //e he filled in a			
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)				
	ARATION	Tel. No.		
	ove charge and that the statements	(612) 749-2503		
are true to the best of n	Office, if any, Cell No.			
Whas				
(signature of representative or person making charge)	Staff Attorney (Print/type name and title or office, if any)	Fax No.		
	(i intrope hame and the or office, it diff)	(651) 294-8200		
345 Randolph Ave. Suite 100		e-mail		
Address Saint Paul MN 55102	Date 09/07/2023 10:51:47 AM	William.Nadal@seiuhcmnia.org		

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Basis of the Charge

8(a)(5)

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees by making unilateral changes in terms and conditions of employment.

List Changes	Approximate date of change
Seniority, PTO and wage increase	06/09/2023